

HISTORY FACILITY PROFILE

PORTER'S NURSING HOME
126 WEST 200 NORTH
ST GEORGE UT 84771
STATE'S REGION CODE: 001

PROVIDER #: 465144 FACILITY BEDS
PHONE NUMBER: (435) 628-1601 TOTAL: 53
PARTICIPATION DATE: 10/25/1996 CERTIFIED: 53 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

| | | | | | |
|-------------------------------|----|--------------------------------|----|--------------------------|-----|
| RESIDENT CENSUS ON 05/23/2002 | | LTC ADMISSION/SUSPENSION DATES | | TOTAL CERTIFIED BEDS: 53 | |
| ----- | | ----- | | ----- | |
| TOTAL: | 47 | ADMISSION SUSPENDED: | 18 | 18/19 | 19 |
| MEDICARE: | 0 | SUSPENSION RESCINDED: | -- | --- | --- |
| MEDICAID: | 42 | | | 53 | |
| OTHER: | 5 | | | | |

CURRENT SURVEY REVISIT DATES - 08/08/2002

| PRIOR 3 SURVEY 12/1998 | S/S CODE | PRIOR 2 SURVEY 02/2000 | S/S CODE | PRIOR 1 SURVEY 04/2001 | S/S CODE | CURRENT SURVEY 05/23/2002 | S/S CODE | PLAN/DATE OF CORRECT | PROGRAM REQUIREMENTS |
|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|---------------------------------|-------------|-------------------------|---|
| | | | | | | X C | D | 07/23/2002 | REQ F0241-DIGNITY |
| | | | | | | X C | E | 07/23/2002 | REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT |
| | | | | | | X C | B | 07/23/2002 | REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING |
| | | X | D | | | | | | REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING |
| | | | | | | X C | D | 07/23/2002 | REQ F0367-THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN |
| X | E | X | F | X | E | X C | E | 07/23/2002 | REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS |
| | | | | | | X C | E | 07/23/2002 | REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG |

EDITION OF LSC APPLIED

| 85 EXIST PRIOR 3 SURVEY 12/1998 | 85 EXIST PRIOR 2 SURVEY 01/2000 | 85 EXIST PRIOR 1 SURVEY 03/2001 | 85 EXIST CURRENT SURVEY 06/12/2002 |
|--|--|--|---|
|--|--|--|---|

PLAN/DATE
OF CORRECTION

LSC DEFICIENCIES - BLDG NO. 01

| | | | | | |
|---|---|---|-----|------------|--|
| X | X | X | X C | 08/10/2002 | K0012-CONSTRUCTION TYPE |
| | | | X N | | K0021-DOORS IN FIRE AND SMOKE PARTITIONS |
| | | | X C | 08/10/2002 | K0038-EXIT ACCESS |
| | X | | | | K0046-EMERGENCY LIGHTING |
| | X | | X C | 08/11/2002 | K0050-FIRE DRILLS |
| X | X | X | X N | | K0056-AUTOMATIC SPRINKLER SYSTEM |
| | X | X | X C | 08/11/2002 | K0062-SPRINKLER SYSTEM MAINTENANCE |
| | X | X | | | K0064-PORTABLE FIRE EXTINGUISHERS |
| X | | X | | | K0069-COOKING EQUIPMENT |
| | | X | | | K0076-MEDICAL GAS SYSTEM |
| | X | X | X N | | K0104-PENETRATIONS OF SMOKE BARRIERS |
| | | | X C | 08/10/2002 | K0130-OTHER |

| TYPE OF DEFICIENCY | CURRENT SURVEY | PRIOR 1 SURVEY | PRIOR 2 SURVEY | PRIOR 3 SURVEY |
|---------------------------|-------------------|-------------------|-------------------|-------------------|
| ----- | ----- | ----- | ----- | ----- |
| CONDITION | 0 | 0 | 0 | 0 |
| REQUIREMENT | 6 | 1 | 2 | 1 |
| HEALTH TOTAL | 6 | 1 | 2 | 1 |
| LIFE SAFETY CODE | 8 | 7 | 7 | 3 |
| LIFE SAFETY CODE + HEALTH | 14 | 8 | 9 | 4 |

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT